

State Historic Preservation Office
Michigan Historical Center ~ Michigan Historical Commission
Department of History, Arts and Libraries
**MICHIGAN HISTORICAL MARKER APPLICATION FOR
REGISTERED HISTORIC SITES**

FOR OFFICE USE ONLY	
SR DESIGNATION DATE LISTED: _____	
SR NUMBER: _____	
NR DESIGNATION LISTED _____ DET ELIG _____	

Historic Name of Site:			
Common Name of Site:			
Address of site (including cross streets, i.e., 520 Pine Street, between Ottawa and Ionia):			City:
Local governmental unit:		MI	County:
Date listed in the State Register of Historic Sites:		Date listed in the National Register of Historic Places: (if applicable):	
Have physical changes been made to the resource since it was listed in the State Register? If yes, please explain.			
Where will the marker be placed on the site? NOTE: Marker must be accessible to the public.			
Site owner:			
Owner mailing address:		City:	
State:	Zip code:	Daytime telephone:	
<p>I recognize that the historical marker is the property of the State of Michigan and that the historical marker must remain at the historic site. When making alterations to the exterior of the resource, I agree to consult with the State Historic Preservation Office and follow the Secretary of the Interior's Standards for Rehabilitation. I agree to the placement of a historical marker on my property and make no claim to the ownership of the marker.</p> <p>Site Owner's Signature: _____ Date: _____</p>			
Sponsoring Individual or Organization:			
Contact Person:			
Mailing Address:			City:
State:	Zip Code:	Email:	
Daytime Phone No.		Fax No.	
<p>I agree to donate money to the State of Michigan for the manufacture of a historical marker for the above-named site. I recognize that the marker is owned by the State of Michigan and make no claim to ownership of the marker.</p> <p>Sponsor's Signature: _____ Date: _____</p>			

PLEASE COMPLETE REVERSE SIDE

Please indicate marker size preference. NOTE: A size and style other than your stated preference may be recommended.

Small Informational Marker, 24" x 36" ☐ with one post ☐ wall-mounted

Large Informational Marker, 42" x 54" ☐ with two posts ☐ wall-mounted

Identification Plaque, 12" x 14" ☐ wall-mounted

If you chose a post-mounted marker, do you want the **same text** ☐ or **different text** ☐ on each side?

✦ List the items that you feel are important to include on the marker. You must attach supporting historical materials and a bibliography (including page and column numbers) to document the facts that you wish to have included in the marker text. Primary sources (historic newspaper clippings, tax records, blueprints, deeds) are required; secondary sources may be submitted as supplemental documentation. *This statement will not serve as the marker text.* The text is prepared by the State Historic Preservation Office staff and approved by the Michigan Historical Commission, which makes the final determination of the text. **Attach additional sheets if necessary.**

✦ Provide current **black and white** photographs of the resource. **All photographs must be taken with black and white film and printed with black and white processing.** Digital images or color photographs are not acceptable.

Provide a **business address** where the marker may be delivered between 8:00 a.m. and 5:00 p.m. weekdays. **Residential addresses are unacceptable.** Please note that someone must be on hand to accept delivery and assist in unloading the marker and posts, which may weigh in excess of 200 pounds.

Name			
Street Address			
City	MI	Zip Code	Telephone

Mail the completed application, photographs, documentation, and application fee to: Michigan Historical Marker Program, PO Box 30740, 702 West Kalamazoo Street, Lansing, MI 48909-8240.

✦ **PLEASE NOTE THAT THE MARKER PROCESS TAKES BETWEEN 10 AND 12 MONTHS TO COMPLETE. PRICES ARE OFFICIALLY DETERMINED AT THE TIME THE MARKER IS ORDERED FROM THE MANUFACTURER AND ARE SUBJECT TO CHANGE.**